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4

Number of Pages (including this page)

Date: 11/16/2006

To: Commissioner for Patents

Location: United States Patent and Trademark Office

Fax No.: (571) 273-8300

From: Matthew C. Loppnow Registration No. 45,314

Subject: Serial No. 10/692,196

Docket No. CS23157RA

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MESSAGE:

Enclosed herewith, please find:

- ☒ Notice of Appeal
- ☒ Transmittal Form
- ☒ Fee Transmittal Form
- ☐ Petition for Extension of Time

PLEASE GIVE THESE PAPERS TO:


EXAMINER:	Desir, Pierre Louis
GROUP ART UNIT:	2617
SERIAL NO.:	10/692,196
FILED:	10/23/2003
INVENTOR:	Black, Gregory R.

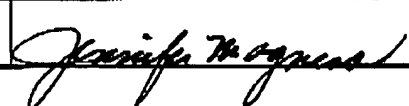
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/692,196	
	Filing Date	10/23/2003	
	First Named Inventor	Black, Gregory R.	
	Art Unit	2617	
	Examiner Name	Desir, Pierre	
Total Number of Pages in this Submission	3	Attorney Docket Number	CS23157RA

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Matthew C. Loppnow	Registration No.	45,314
Signature			
Date	11/16/2006		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number (571) 273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Jennifer Magness		
Signature		Date	11/16/2006


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FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	10/692,196
		Filing Date	10/23/2003
		First Named Inventor	Black, Gregory R.
		Examiner Name	Desir, Pierre
		Group Art Unit	2617
TOTAL AMOUNT OF PAYMENT		(\$) 500.00	
		Attorney Docket No.	CS23157RA

METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)			
Check	Credit card	Money Order	Other	None		4. ADDITIONAL FEES			
<input checked="" type="checkbox"/>									
Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc.									
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXTRA CLAIM FEES									
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						Fee (\$)	Small Entity Fee (\$)		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						50	25		
Multiple Dependent Claims						200	100		
						360	180		
Total Claims						Extra Claims	Fee (\$)	Fee Paid (\$)	
- 20 or HP =						x 50			
HP = highest number of total claims paid for, if greater than 3						360			
Introp. Claims						Extra Claims	Fee (\$)	Fee Paid (\$)	
- 3 or HP =						x 200			
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)									
For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)					
- 100 =	750	(round up to a whole number)	x 250						
5. OTHER FEE(S) (specify)									
Non-English Specification, \$130 fee (no small entity discount)									
SUBMITTED BY									
Name (Print/Type) Matthew C. Loppnow						Registration No.	45,314	Telephone	847-523-258

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number CS23157RA	
In re Application of	Black, Gregory R.	File Date	10/23/2003
Application Number	10/692,196	Art Unit	2617
Title	APPARATUS AND METHOD FOR MITIGATION OF SESSION INAVAILABILITY		
Examiner	Desir, Pierre Louis		
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a Fee Transmittal in duplicate.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 502117, Motorola, Inc.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>45,314</u></p> <p><input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p> _____ Signature</p> <p><u>Matthew C. Loppnow</u> _____ Typed or printed name</p> <p><u>847-523-2585</u> _____ Telephone number</p> <p><u>11/16/2006</u> _____ Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> * Total of <u>1</u> forms are submitted.</p>			

(SB/31 (04-05))

11/17/2006 LWONDIH1 00000032 502117 10692196

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